

CT CORPORATION SYSTEM

B01000000258

CORPORATION(S) NAME

Lincoln Apartment Management Limited Partnership

78888448557-6

-07/25/01--01056--014

****140.00 ****140.00

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JUL 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | |

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01 JUL 25 AM 11:38
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/25/01

FILE SECOND

Order#: 4664691

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Lincoln Apartment Management Limited Partnership
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware (State of Formation) 4. July 6, 2001 (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation (City), Florida 33324 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System

Cornie Rogers
(Agent must sign on this line)

8. 1209 Orange Street
Wilmington, DE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Lincoln BP Management, Inc. 1505 Federal St., Dallas, TX 75201

F01000003942

10. 1505 Federal Street, Dallas, Texas 75201
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

12. P. O. Box 1920, Dallas, Texas 75221

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 17th day of July, 2001

Dan M Jacks
General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Texas

COUNTY OF Dallas

On this 17th day of July, 2001

Dan Jacks personally appeared before me,

who is personally known to me

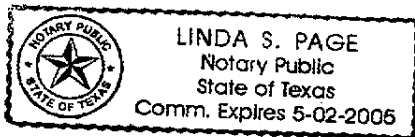
whose identity I proved on the basis of

Linda S Page
(Notary Public Signature)

Linda S. Page
(Notary's Printed Name)

Seal

My Commission Expires: 05-02-2005



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Dan Jacks, Vice President of Lincoln BP Management, Inc., a general partner of Lincoln Apartment Management Limited Partnership, a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 17th day of July, 2001

Dan M. Jacks

General Partner

Dan Jacks, VP of Lincoln BP Management, Inc.

STATE OF Texas

COUNTY OF Dallas

On this 17th day of July, 2001

Dan Jacks, VP of Lincoln BP Management, Inc., personally appeared before me,

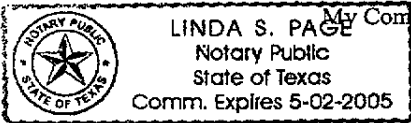
- who is personally known to me
- whose identity I proved on the basis of _____

Linda S Page

(Notary Public Signature)

Linda S Page
(Notary's Printed Name)

Seal



My Commission Expires: 05-02-2005